

Figure 1

10

1 of 35

12a

12b

12c

12d

12e

12f

12g

12h

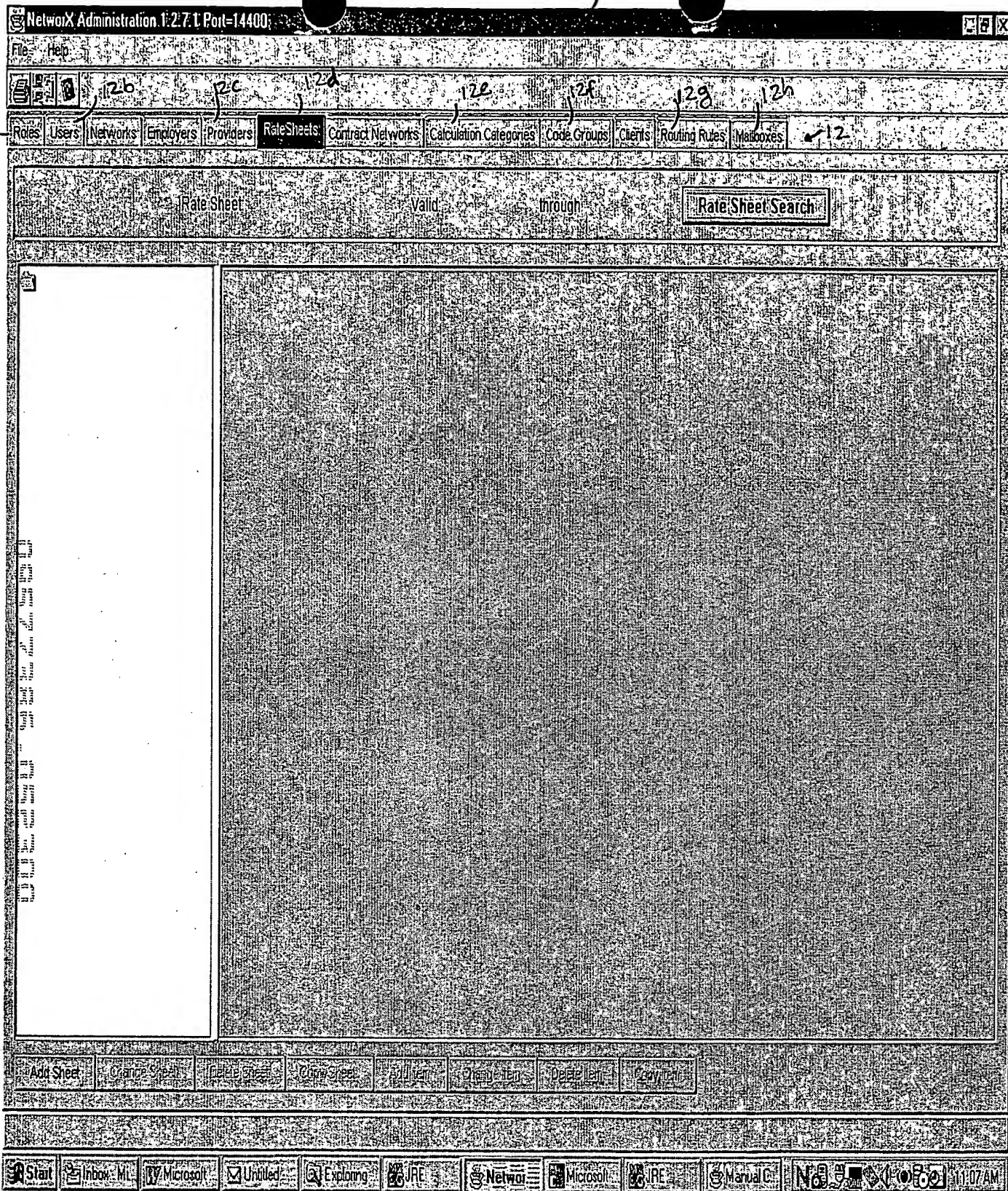


Figure 2

110

NetworkX Administration 1.2.7.6 Port

File Help

Roles Users Networks Employers **Providers** Rate Sheets Contract Networks Calculation Categories Code Groups Clients Routing Rules Mailboxes

202

Search

Provider Name: Hardy Medical Center

Partial Tax ID:

Network: None

Fill Provider List

Provider Aliases

Provider Alias	Tax ID

Address

Networks

Network	Rate Sheet	Eff Date	Term Date

Providers

Provider	Tax ID

Start

Inbox: Micros

Microsoft Wor

Untitled: Mes

Exploring: rep

JRE

NetworkX A

Microsoft Offi

11:02 AM

Figure 3

10

NetworkX Administration T.2.7.1 Port=T4400

File Help

Roles Users Networks Employers Providers **RateSheets** Contract Networks Calculation Categories Code Groups Clients Routing Rules Mailboxes

Rate Sheet Valid through Rate Sheet Search

32a 32b 32c 32d 32e 32f 32g 32h

Start Inbox Microsoft Outlook Explorer JRE Networ Microsoft JRE Manual C No 11:07 AM

30

Figure 4

NetworX Administration, 1:27:11 PM=14400

File Help

Roles Users Networks Employers Providers RateSheets Contract Networks **Calculation Categories** Code Groups Clients Routing Rules Mailboxes

Categories

Category Description
All Calculations
Ambulatory Surgery
boarder baby calcs
Case Rates
Cost Calculations
Discount Calculations
DRGs
Maximum Amounts
Non Covered Services
Per Diems
Percentages
Reasonable & Customary
Schedules
Stop Loss
Unit Calculations

Calculations

Calculation Description
2 Level Per Diem
2 Level Per Diem, Lid by Pct of Chg
3 Lv Per Diem
4 Level Per Diem
Per Diem
Per Diem, Excess Days

Add Change Delete

Start Inbox - Micros Microsoft Wor Untitled - Mes Exploring - rep JRE NetworX A Microsoft Ofc 11:03 AM

40

45

Figure 5

52a 52b 52c 52d 52 50

Manual Claim Entry R 2.6.1. Port=14400

File Search Help

Claim Folders

- Outbox
- Errors
- Processed
- Claim Inquiry

Patient Provider Serv Date Rcvd Date Submit Network No Claim No

Microsoft

Start Inbox M Microsoft Exploring Exploring JRE Network Microsoft JRE Manua N 10:12 AM

Figure 6a

Manual Claim Entry 1.2.7.1 Port=14400

File Search Help

Claim Folders

- Outbox
- Errors
- Processed
- Claim Inquiry

Patient: Provider: Serv. Date: Rcvd. Date: Skmr: Network No: Claim No: St:

Received: Claim No:

1. MEDICARE/MEDICAID CHAMPUS CHAMPVA GROUP FECA OTHER

2. PATIENT'S NAME (Last, First, MI)

3. PATIENT'S BIRTHDATE SEX

4. INSURED'S NAME (Last, First, MI)

5. PATIENT'S ADDRESS

6. PATIENT RELATIONSHIP TO INSURED

7. INSURED'S ADDRESS

8. PATIENT STATUS

9. OTHER INSURED'S NAME (Last, First, MI)

10. IS PATIENT'S CONDITION RELATED TO:

11. INSURED'S POLICY OR GROUP NUMBER

12. OTHER INSURED'S POLICY OR GROUP NUMBER

13. EMPLOYMENT? (CURRENT OR PREVIOUS)

14. BIRTHDATE SEX

15. AUTO ACCIDENT? PLACE (State)

16. EMPLOYER'S NAME OR SCHOOL NAME

17. OTHER ACCIDENT?

18. INSURANCE PLAN NAME OR PROGRAM NAME

19. IS THERE ANOTHER HEALTH BENEFIT PLAN?

104. RESERVED FOR LOCAL USE

Start Inbox - M Microsoft Unfiled Exploring JRE NetwoX Microsoft JRE Manual 11:04 AM

Figure 6b

Manual Claim Entry 1.2.7.1 Port=14400

File Search Help

Claim Folders

- Outbox
- Errors
- Processed
- Claim Inquiry

Patient Provider Serv Date Rev Date Sbmtr Network No Claim No Sta

12 PATIENT OR AUTHORIZED PERSONS SIGNATURE PATIENT SIGNATURE DATE 11

13 INSURED OR AUTHORIZED PERSONS SIGNATURE

14 DATE OF CURRENT ILLNESS (First Symptom) OR INJURY (Accident) OR PREGNANCY (LMP) 11

15 IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS, GIVE FIRST DATE 11

16 DATES PATIENT UNABLE TO WORK FROM 11 TO 11

17 NAME OF REFERRING PHYSICIAN OR SOURCE 17a ID NUMBER OF REFERRING PHYSICIAN

18 HOSPITALIZATION DATES RELATED TO SERVICES FROM 11 TO 11

19 RESERVED FOR LOCAL USE

20 OUTSIDE LAB? CHARGES YES NO

21 DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (RELATE ITEM 1, 2, 3 OR 4 TO ITS 24ES LINE)

22 MEDICAID RESUBMISSION CODE ORIGINAL REF NO

23 PRIOR AUTHORIZATION NUMBER

24 A B C D E F G H I J K

DATES OF SERVICE FROM TO POS TOS POS TOS

Diagnosis Code CHARGES UNITS EPSDT EMG COB Reserved for Local Use Anesthesia Hours Mins Cost

25 FEDERAL TAX ID NUMBER SSN EIN 26 PATIENTS ACCOUNT NO 27 ACCEPT ASSIGNMENT? YES NO

28 Total Charges 29 Amount Paid 30 Balance Due

31 SIGNATURE OF PHYSICIAN OR SUPPLIER 32 NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED 33 PHYSICIAN'S SUPPLIER'S BILLING NAME ADDRESS, ZIP CODE AND PHONE NUMBER

Start Inbox - M Microsoft Untitled Exploring JRE Network Microsoft JRE Manual No 11:05 AM

Figure 6c

Manual Claim Entry T: 27: Port=14400

File Search Help

Claim Folders

- Outbox
- Errors
- Processed
- Claim Inquiry

Patient: Provider: Serv Date: Rcvd Date: Submit: Network No: Claim No: Sta:

DIAGNOSIS OF NATURE OF ILLNESS OR INJURY (RELATE TO ICD-9-CM OR ICD-10 BY LINE)

21 MEDICAID RESUBMISSION CODE

22 MEDICAID RESUBMISSION ORIGINAL REF NO

23 PRIOR AUTHORIZATION NUMBER

24 A B C D E F G H I J K

DATES OF SERVICE FROM TO POS TOS CPT HCPCS Modifier Diagnosis Code CHARGES UNITS EPSDT EMG COB Reserved for Local Use Anesthesia Hours Mins Cost

25 FEDERAL ID NUMBER SSN/TEIN 26 PATIENT'S ACCOUNT NO 27 ACCEPT ASSIGNMENT? 28 Total Charges 29 Amount Paid 30 Balance Due

31 SIGNATURE OF PHYSICIAN OR SUPPLIER 32 NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED 33 PHYSICIAN'S, SUPPLIER'S BILLING NAME ADDRESS, ZIP CODE AND PHONE NUMBER

SIGNED DATE PIN # GRP #

Start Inbox Mail Microsoft Outlook Exploring JRE Network Microsoft JRE Manual Nov 11 11:06 AM

Figure 7

Manual Claim Entry 1261 Port 14400

Search Help

Outbox Errors Processed All Completed Claims Cost Excess Days Manual

Patient	Provider	Srv Date	Rcvd Date	Submt	Network No	Claim No
slbmultwxspt2, ev	St Michael Health Care Center	2000-01-09	2000-02-29			
slbmaxlos3, ev	St Michael Health Care Center	2000-01-09	2000-02-29			
slbmultwxspt3, ev	St Michael Health Care Center	2000-01-09	2000-02-29			
Variable per diem, ev	Hardy Medical Center	2000-01-09	2000-02-29	drnalc		

Received 02/29/2000 Claim No

Medical Center 1305 Crowley LA 70528

Statement Covers Period From Through

3 Patient Control Number 111

1 Patient Name Last First MI 2 Patient Address Street City State Zipcode

4 Birthdate 15 Sex 16 MS 17 Date 18 HR 19 Type 20 SRC 21 D H 22 Stat 23 Medical Record No 24 25 26 27 28 29 30 31

08/15/1997 01/09/2000

32 Occurrence Code 33 Occurrence Code 34 Occurrence Code 35 Occurrence Code 36 Occurrence Code 37 Occurrence Span A B C

38 Last First MI 39 Value Codes Code Amount 40 Value Codes Code Amount 41 Value Codes Code Amount

42 FA 43 Description 44 HCPCS/Rates 45 Srv Date 46 Srv Unit 47 Total Charges 48 Non Covered 49 Cost

Code	Description	HCPCS/Rates	Srv Date	Srv Unit	Total Charges	Non Covered	Cost
120	ROOM BOARD/SIM			4	\$4,000.00		
350	CORONARY CARE ORC			1	\$8,000.00		
250	PHARMACY				\$10,000.00		
001	TOTAL CHARGES				\$20,000.00		

Start Inbox File Exp Visb JAE Rep JAE Na JAE Ma

70

74d

73a
72b
72c
72d

Figure 8

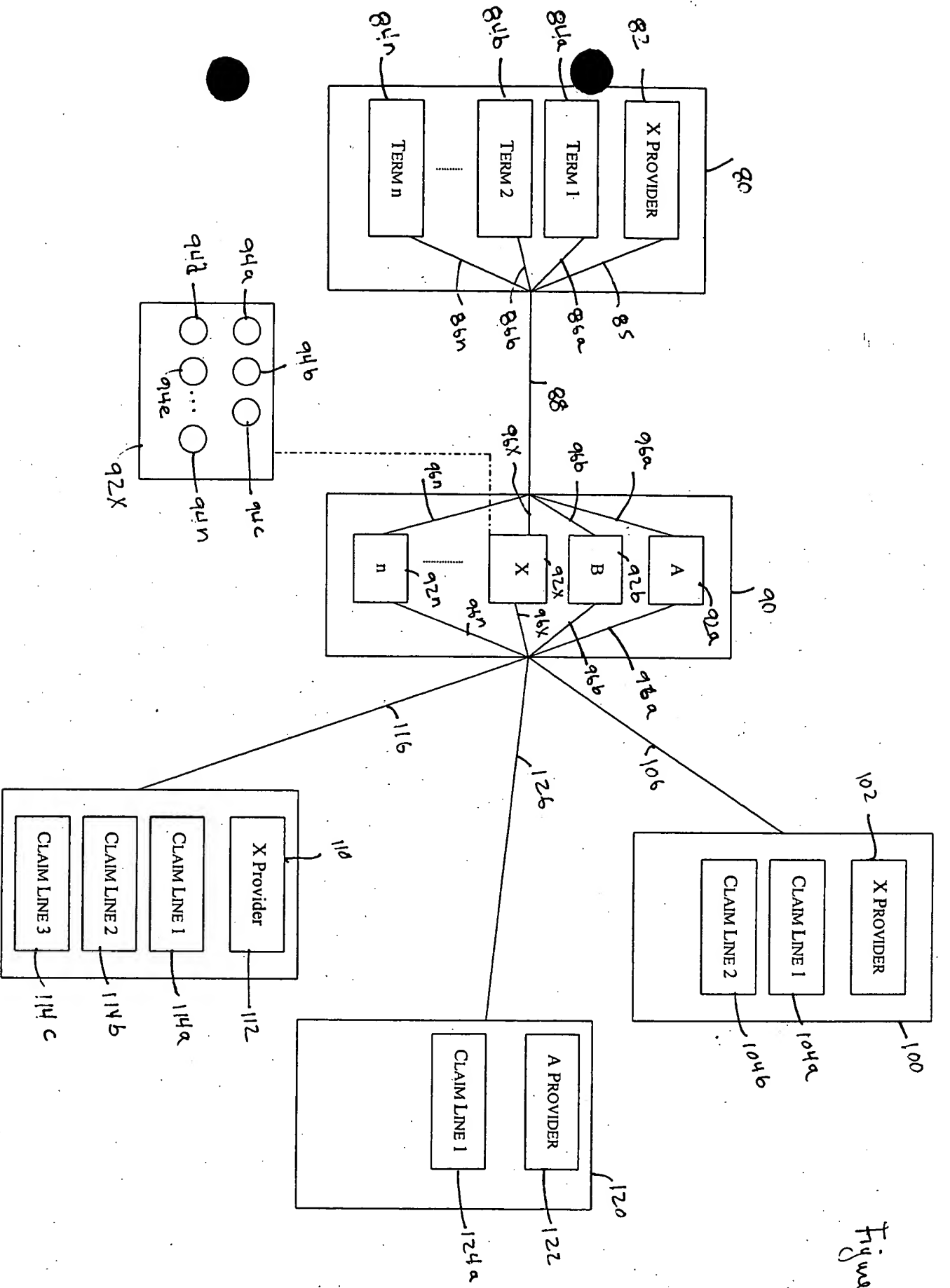


FIG. 8 is a block diagram of a network architecture. The network architecture includes a central bus 88. The central bus 88 is connected to a first set of components 100, a second set of components 90, a third set of components 80, a fourth set of components 110, and a fifth set of components 120. The first set of components 100 includes an X PROVIDER 102 and two CLAIM LINE blocks 104a and 104b. The second set of components 90 includes blocks A 92a, B 92b, X 92x, and n 92n. The third set of components 80 includes an X PROVIDER 82 and multiple TERM blocks 84a, 84b, ..., 84n. The fourth set of components 110 includes an X PROVIDER 112 and three CLAIM LINE blocks 114a, 114b, and 114c. The fifth set of components 120 includes an A PROVIDER 122 and a CLAIM LINE block 124a. The central bus 88 is connected to the first set of components 100 via ports 96a, 96b, 96x, 96y, and 96n. The central bus 88 is connected to the second set of components 90 via ports 94a, 94b, 94c, 94d, 94e, 94n, 94x, 94y, and 94z. The central bus 88 is connected to the third set of components 80 via ports 85, 86a, 86b, 86n, and 84n. The central bus 88 is connected to the fourth set of components 110 via ports 102, 104a, 104b, 112, 114a, 114b, and 114c. The central bus 88 is connected to the fifth set of components 120 via ports 122, 124a, and 126.

Figure 9-

140

Provider Contract

Medical Center 11-9999999
Effective 04/01/1999

Hospital agrees to provide Covered Hospital Services on the payment terms set forth below.

Hospital agrees to provide all Covered Inpatient and Outpatient Services according to the following all inclusive per diem and discount arrangements:

\$750.00 Medical Per Diem
\$950.00 Surgical Per Diem

Normal Delivery (Mother & Baby)
\$1,400.00 1-2 day stay case rate
\$450.00 each additional day

Cesarean Section (Mother & Baby)
\$2,800.00 1-2 day stay case rate
\$500.00 each additional day

All Other Covered Inpatient Services: 15% discount from billed charges
Outpatient Services: 15% discount from billed charges

Stop Loss: for any case in which charges exceed \$20,000.00, hospital will be paid 85% of billed charges.

150

Figure 10a

Network Administration 1.2.6: Port=14400

Create Rate Sheet

Rate Sheet Code:

Rate Sheet Description:

Is This a Sub Rate Sheet? ☒ 156

Effective Date: 155a

Termination Date: 155b

Available Sections

- Exclusion
- Per Diem
- Case Rate
- Inpatient Services
- Stop Loss
- Outpatient Exclusion
- Outpatient Case Rate
- Outpatient Stop Loss
- Professional/Other Services

Selected Sections

158a

OK Cancel

159

158b

Rate Sheet Search

Routing Rules Mailboxes

Microsoft

Add Sheet Change Sheets Delete Sheet Copy Sheet Add Item Change Item Delete Item Copy Item

Start Inbox Microsoft Microsoft Excel Exploring - reprix Exploring - reprix JRE NetworX Admin 10:09 AM

Figure 10b

NetworX Administration 1.2.7.1, Port=14400

Create Rate Sheet

Rate Sheet Code:

Rate Sheet Description:

Is This a Sub Rate Sheet? ☐

Effective Date: 05/02/2000

Termination Date: 12/31/9999

Available Sections

- Exclusion
- Inpatient Services
- Outpatient Exclusion
- Outpatient Case Rate
- Outpatient Stop Loss
- Professional/Other Services
- Outpatient Per Diem

Selected Sections

- Per Diem
- Case Rate
- Outpatient Services
- Stop Loss

OK Cancel

Rate Sheet Search

Routing Rules Mailboxes

Add Sheet Create Sheet Delete Sheet Copy Sheet Edit Item Change Item Delete Item Copy Item

Start Inbox: Mail Microsoft Outlook Expanding JRE NetworX Microsoft JRE Manual C No 11:08 AM

Figure 11

NetworkX Administration 1:27:1 Port=14400

File Help

Roles Users Networks Employers Providers **RateSheets** Contract Networks Calculation Categories Code Groups Clients Routing Rules Mailboxes

Rate Sheet hmc Valid: 04-01-1999 through 12-31-9999 Rate Sheet Search

hmc - Medical Center

- Per Diem
- Case Rate
- Outpatient Services
- Stop Loss
- Footnotes

1. Per Diem

2. Case Rate

3. Outpatient Services

4. Stop Loss

Footnotes

1. This calculation will be used to reprice the entire claim.
2. This calculation will be used to reprice the current line.
3. This calculation will be used to reprice the matching line as a group.
4. When the Claim qualifies for more than one term, this price will be used if it is the smallest amount.
5. When the Claim qualifies for more than one term, this price will be used if it is the largest amount.
6. When the Claim qualifies for more than one term, this price will be used if it is the last term to qualify.
7. Please Note: No More terms will be examined for this claim/line if it qualifies under the these terms

Add Sheet Change Sheet Delete Sheet Copy Sheet Add Item Change Item Delete Item Copy Item

Start Inbox: ML Microsoft Unfiled Exploring JRE Network Microsoft JRE Manual C. NetworkX 11:14AM

160

164

162

168

152e

166

Rate Sheet Term

Description

☒ Heading

Description:

Effective Date:

Calculations

☒ Calculations ☐ Actions ☐ Subrate Sheets

Calculation Categories

- ☒ All Calculations
- ☒ Another Test Add Calc
- ☒ Case Rates
- ☒ Case Rates BS
- ☒ Case Rates Qualcare
- ☒ Cost Calculations
- ☒ Discount Calculations
- ☒ DRGs
- ☒ Maximum Amounts
- ☒ My Test Calculation

☒ Complete

Code Values **Code Grouping**

Code Types:

Buttons:

Figure 12

1172b 1172d

1172c

172

174b

174c

174

170

176

176a

178

Qualifications

☐ Code Values ☐ Code Grouping

Code Types: DRG code(s)

Value Range: 103 to 109

Figure 12a

175a

175b

Qualifications

☐ Code Values ☐ Code Grouping

Code Types: SELECT CODE TYPE

Code Groups: - Select Code Group -

- Alcd (Acid?)
- Alc Schedule Code Values
- Alcohol & Drug
- Alcohol & Drug Day Program?
- Ambulatory Surgery
- asfgd
- Blood Factor 8 and 9
- ☒ Tcdm

Figure 12b

177

Figure 13a

182c

182

182a

182b

184

185b

186

188a

189a

189b

188

190

Rate Sheet Terms

Description

☐ Heading

Description: Medical

Effective Dates: 04/01/1997 05/31/1999

Qualifications

☐ Code Values ☐ Code Grouping

Code Types: Revenue Codes

Code Groups: Per Diem - Medical

Calculations

☐ Calculations ☐ Actions ☐ SubRate Sheets

Calculation Categories

- ☐ All Calculations
- ☐ Case Rates
- ☐ Cost Calculations
- ☐ Discount Calculations
- ☐ DRGs
- ☐ Maximum Amounts
- ☐ Non Covered Services
- ☐ Per Diems
 - ☒ 2 Level Per Diem
 - ☒ Per Diem

☐ Complete

Per Diem

Pricing is: \$750.00 per diem

This calculation will be used to reprice the current line. When the Claim qualifies for more than one term, this price will be used if it is the last term to qualify.

OK Cancel

Figure 13b

198

199

Rate Sheet Terms

Description

☐ Heading

Description: Surgical

Effective Dates: 04/01/1997 12/31/9999

Qualifications

☒ Code Values ☒ Code Grouping

Code Types: Reversible Code

Code Groups: Per Diem - Surgical

Calculations

☒ Calculations ☐ Actions ☐ SubRate Sheets

☒ All Calculations

- 2 Level Per Diem
- 2 Level Per Diem, Ltd by Pct of Chg
- 2 Level Services
- 2 Lv Case + Excess Pct, Ltd by Chg
- 2 Lv Case + PD, Ltd by Chg
- 2 Lv Case, Ltd by Chg
- 3 Lv Case + PD, Ltd by Chg
- 3 Lv Case, Ltd by Chg
- 3 Lv Per Diem

☐ Complete

Per Diem

Pricing is: \$950.00 per diem

This calculation will be used to replace the current line. When the claim qualifies for more than one term, this price will be used if it is the last term to qualify.

OK Cancel

Network Administration 1.2.7.1 Port=14400

File Help

RolesUsersNetworksEmployersProvidersRate SheetsContract NetworksCalculation CategoriesCode GroupsClientsRouting RulesMailboxes

Rate Sheet: hmcValid: 04-01-1999 through 12-31-1999Rate Sheet Search

hmc - Hardy Medical Center

Per Diem

Case Rate

Outpatient Services

Stop Loss

Footnotes

1: Per Diem

1.1 Medical

Code Group - PerDiem - Medical Pricing is: \$750.00 per diem -26

1.2 Surgical

Code Group - PerDiem - Surgical Pricing is: \$950.00 per diem -26

2: Case Rate

3: Outpatient Services

4: Stop Loss

Footnotes

1- This calculation will be used to reprice the entire claim.

2- This calculation will be used to reprice the current line.

3- This calculation will be used to reprice the matching line as a group.

4- When the Claim qualifies for more than one term, this price will be used if it is the smallest amount.

5- When the Claim qualifies for more than one term, this price will be used if it is the largest amount.

6- When the Claim qualifies for more than one term, this price will be used if it is the last term to qualify.

7- Please Note: No More terms will be examined for this claim/line if it qualifies under the these terms

Add SheetChange SheetDelete SheetCopy SheetAdd ItemChange ItemDelete ItemCopy Item

StartInbox.MLMicrosoftOutlookExploringJRE.NETWorkMicrosoftJREManual CNo 11:16 AM

Figure 14

Rate Sheet Terms

☐ Heading

Description: **Normal Delivery (MoM & Baby)**

Effective Dates: **04/01/1997** to **12/31/9999**

Qualifications:

☐ Code Values ☒ Code Grouping

Code Types: **ICD-9 Procedure code(s)**

Code Groups: **Normal Delivery**

Calculations

☒ Calculations ☐ Actions ☐ SubRate Sheets

☒ All Calculations

- 2 Level Per Diem
- 2 Level Per Diem, Ltd by Pct of Chg
- 2 Level Services
- 2 Lv Case + Excess Pct, Ltd by Chg
- 2 Lv Case + PD, Ltd by Chg
- 2 Lv Case, Ltd by Chg
- 3 Lv Case + PD, Ltd by Chg
- 3 Lv Case, Ltd by Chg
- 3 Lv Per Diem

☐ Complete

Case Rate plus Per Diem, Limited by Charge

Pricing is a case rate of **\$1,400.00** for up to **2** days and **\$450.00** per diem for each additional day.

Limit is allowed to the **combined charges.**

This calculation will be used to reprice the **entire claim.** When the claim qualifies for more than one term, this price will be used if it is the **last term to qualify.**

OK **Cancel**

Figure 15

Rate Sheet Terms

☐ Heading

Description: **C-Section (Mom & Baby)**

Effective Dates: **04/01/1997** to **12/31/9999**

Qualifications:

☒ Code Values ☐ Code Grouping

Code Types: **Open Procedure and**

Code Groups: **C-Section**

Calculations

☒ Calculations ☐ Actions ☐ SubRateSheets

☒ All Calculations

- 2 Level Per Diem
- 2 Level Per Diem, Ltd by Pct of Chg
- 2 Level Services
- 2 Lv Case + Excess Pct, Ltd by Chg
- 2 Lv Case + PD, Ltd by Chg
- 2 Lv Case, Ltd by Chg
- 3 Lv Case + PD, Ltd by Chg
- 3 Lv Case, Ltd by Chg
- 3 Lv Per Diem

☐ Complete

Case Rate plus Per Diem, Limited by Charge

Pricing is a case rate of **\$2,800.00** for up to **2** days and **\$500.00** per diem for each additional day.

Limit the allowed to the: **combined charges.**

This calculation will be used to replace the: **entire claim.** When the Claim qualifies for more than one term, this price will be used in its the: **last term to qualify.**

OK Cancel

Figure 16

Rate Sheet Terms

Description: ☐ Heading

Description:

Effective Dates:

Qualifications: ☒ Code Values ☐ Code Grouping

Code Types:

Calculations

☒ Calculations ☐ Actions ☐ Subrate Sheets

- Calculation Categories
 - All Calculations
 - Case Rates
 - Cost Calculations
 - Discount Calculations
 - ☒ Discount Pct
 - Discount Pct w/ Threshold
 - Provider Discount Pct
 - DRGs
 - Maximum Amounts
 - Non Covered Services

☐ Complete

Discount Percent

Ending is a discount of the charge.

This calculation will be used to reprice the When the claim qualifies for more than one term, this price will be used if it is the

Figure 17

Rate Sheet Terms

Description:

☐ Heading

Description:

Effective Dates:

Qualifications:

☒ Code Values ☐ Code Grouping

Code Types:

Calculations:

☒ Calculations ☐ Actions ☐ SubRate Sheets

Calculation Categories

- ☒ All Calculations
- ☒ Case Rates
- ☒ Cost Calculations
- ☒ Discount Calculations
 - ☒ Discount Pct
 - ☐ Discount Pct w/ Threshold
 - ☐ Provider Discount Pct
- ☒ DRGs
- ☒ Maximum Amounts
- ☒ Non Covered Services

☐ Complete

Discount Percent

Pricing is a discount of the charge

This calculation will be used to reprice the When the claim qualifies for more than one term, this price will be used if it is the

OK Cancel

Figure 18

Rate Sheet Terms

☐ Description ☐ Heading

Description: **Stop Loss**

Effective Dates: **04/01/1997** **12/31/9999**

☐ Code Values ☐ Code Grouping

Code Types: **All Remaining codes**

Calculations

☐ Calculations ☐ Actions ☐ SubRate Sheets

☐ All Calculations

- 2 Level Per Diem
- 2 Level Per Diem, Ltd by Pct of Chg
- 2 Level Services
- 2 Lv Case + Excess Pct, Ltd by Chg
- 2 Lv Case + PD, Ltd by Chg
- 2 Lv Case, Ltd by Chg
- 3 Lv Case + PD, Ltd by Chg
- 3 Lv Case, Ltd by Chg
- 3 Lv Per Diem

☐ Complete

Stop Loss

If the total charge exceeds **\$20,000.00** principal's recalculated to be **85%** of the total charge.

This calculation will be used to reprice the **entire claim.** ☐ When the Claim qualifies for more than one term, this price will be used in the **last term to qualify.** ☐

Network Administration: 261 Port-21000

Rate Sheet: djwhmc Valid: 04-01-1999 through 12-31-9999 Rate Sheet Search

djwhmc - Hardy Medical Center

- Per Diem
- Case Rate
- Outpatient Services
- Stop Loss
- Footnotes

1. Per Diem

1.1 Medical
Code Group: Per Diem - Medical Pricing is \$750.00 per diem - 2.6

1.2 Surgical
Code Group: Per Diem - Surgical - complex Pricing is \$950.00 per diem - 2.6

2. Case Rate

2.1 Normal Delivery
Code Group: Normal Delivery Pricing is a case rate of \$1,400.00 for up to 2 days and \$450.00 per diem for each additional day. Limit the allowed to the combined charges. - 1.6

2.2 Caesarean section
Code Group: C-Section Pricing is a case rate of \$2,800.00 for up to 2 days and \$500.00 per diem for each additional day. Limit the allowed to the combined charges. - 1.6

2.3 well baby
Code Group: Well Baby - Complex Pricing is 0% of the charge - 1.6

3. Outpatient Services

3.1 All services
All Services Pricing is a 15% discount of the charge - 1.6

4. Stop Loss

4.1 well Baby
Code Group: Well Baby - Complex No pricing applies - 1.47

4.2 stop loss
All Services: If the total charge exceeds \$20,000.00 pricing is recalculated to be 85% of the total charge - 1.6

Footnotes

1. This schedule will be used for all services provided.

Add Sheet Change Sheet Delete Sheet Copy Sheet Add Item Change Item Delete Item Copy Item

Start Inbox Microsoft Microsoft Excel FW: ALC - Messa Expanding Service NRE Network Admin N 9:06 AM

Network Administration E 26.1 Port=21000

File Help

Roles Users Networks Employers Providers **Rate Sheets** Contract Networks Calculation Categories Code Groups Clients Routing Rules Mailboxes

Rate Sheet: djwhmc Valid: 04-01-1999 through: 12-31-9999 Rate Sheet Search

djwhmc - Hardy Medical Center

- Per Diem
- Case Rate
- Outpatient Services
- Stop Loss
- Footnotes

2: Case Rate

2.1 Normal Delivery
Code Group - Normal Delivery: Pricing is a case rate of \$1,400.00 for up to 2 days and \$450.00 per diem for each additional day. Limit the allowed to the combined charges: -1.6

2.2 Caesarean section
Code Group - C-Section: Pricing is a case rate of \$2,800.00 for up to 2 days and \$500.00 per diem for each additional day. Limit the allowed to the combined charges: -1.6

2.3 well baby
Code Group - Well Baby - Complex: Pricing is 0% of the charge: -1.6

3: Outpatient Services

3.1 All services
All Services: Pricing is a 15% discount of the charge: -1.6

4: Stop Loss

4.1 well baby
Code Group - Well Baby - Complex: No pricing applies: -1.4.7

4.2 stop loss
All Services: If the total charge exceeds \$20,000.00, pricing is recalculated to be 85% of the total charge: -1.6

Footnotes

- 1- This calculation will be used to replace the entire claim.
- 2- This calculation will be used to replace the current line.
- 3- This calculation will be used to replace the matching line as a group.
- 4- When the Claim qualifies for more than one term, this once will be used if it is the smallest amount.
- 5- When the Claim qualifies for more than one term, this once will be used if it is the largest amount.
- 6- When the Claim qualifies for more than one term, this once will be used if it is the last term to qualify.
- 7- Please Note: No More terms will be examined for this claim line if it qualifies under the these terms.

Add Sheet Change Sheet Delete Sheet Copy Sheet Add Item Change Item Delete Item Copy Item

Start Inbox Micros Microsoft Exc FW ALG Me Exploring rep JRE Network AE Microsoft Word 9:07 AM

Completed Rate Sheet

Figure 20

Medical Center

1. Inpatient Per Diem

1.1 Medical

Revenue codes in Per Diem – Medical. Reprice at \$750.00 per day. –2,6

1.2 Surgical

Revenue codes and CPT4 Procedure codes in Per Diem – Surgical. Reprice at \$950.00 per day. –2,6

2. Inpatient Case Rate

2.1 Normal Delivery 1-2 Days

ICD-9 Procedure codes in Normal Delivery. Reprice at \$1,400.00 for up to 2 days. \$450.00 per diem, thereafter. –1,6

2.2 C-Section

ICD-9 Procedure codes in C-Section. Reprice at \$2,800.00 for up to 2 days. \$500.00 per diem, thereafter. –1,6

3. Inpatient Services

3.1 All Other Inpatient Services

All Remaining Codes. Reprice at 15% of charges. –2,6

4. Outpatient Services

4.1 All Other Outpatient Services

All Remaining Codes. Reprice at 15% of charges. –2,6

5. Stop Loss

5.1 Stop Loss

All Remaining Codes. If repriced amount exceeds \$20,000 the claim will be repriced at 85% of charges. –1,6

Footnotes

- 1 – This calculation will be used to reprice the entire claim.
- 2 – This calculation will be used to reprice the current line.
- 3 – This calculation will be used to reprice the matching line as a group.
- 4 – When the claim qualifies for more than one term, this price will be used if it is the largest amount.
- 5 – When the claim qualifies for more than one term, this price will be used if it is the smallest amount.
- 6 – When the claim qualifies for more than one term, this price will be used if it is the last term to qualify.
- 7 – Please note: No more terms will be examined for this claim/line if it qualifies under these terms.

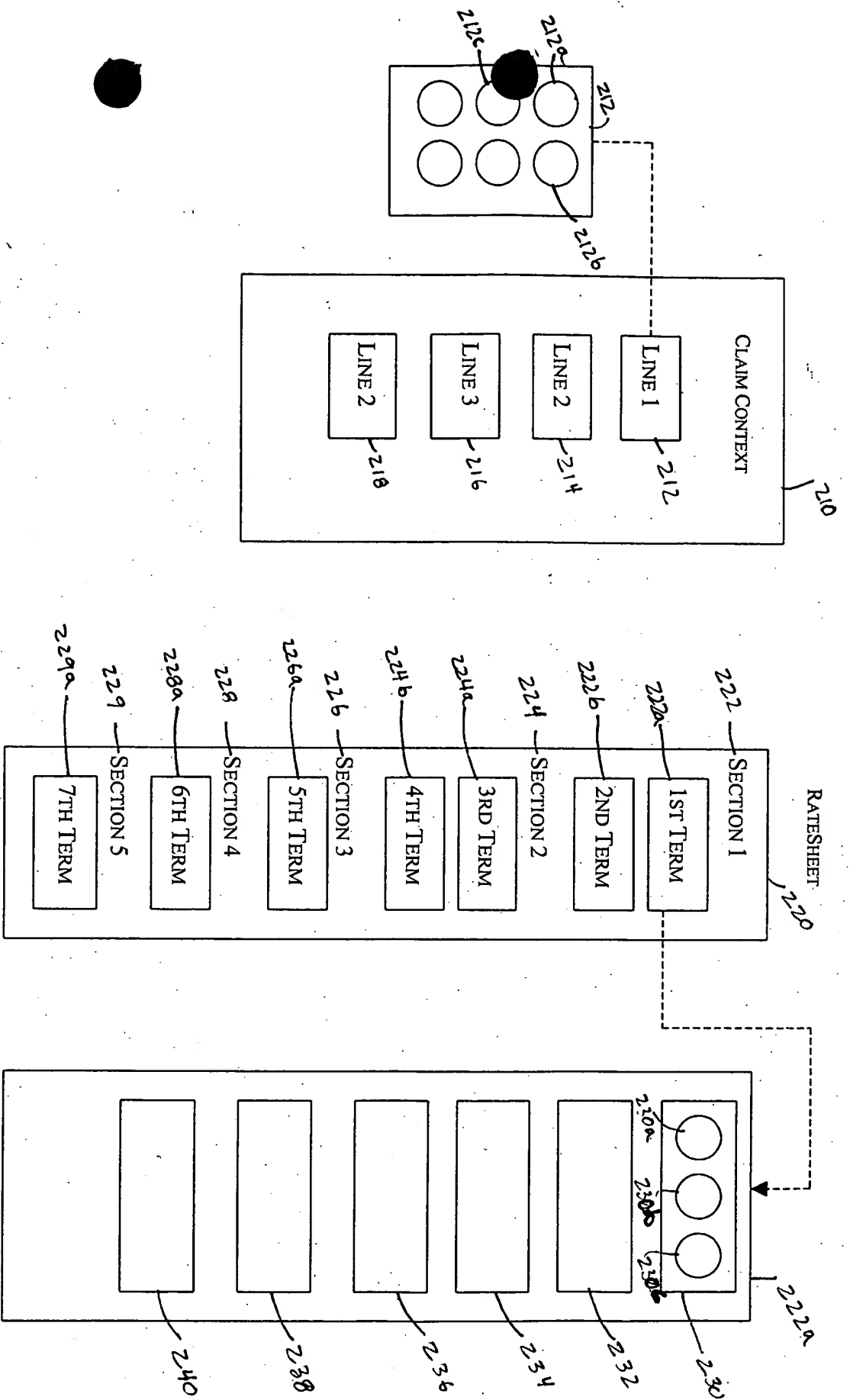


FIGURE 21

Figure 22

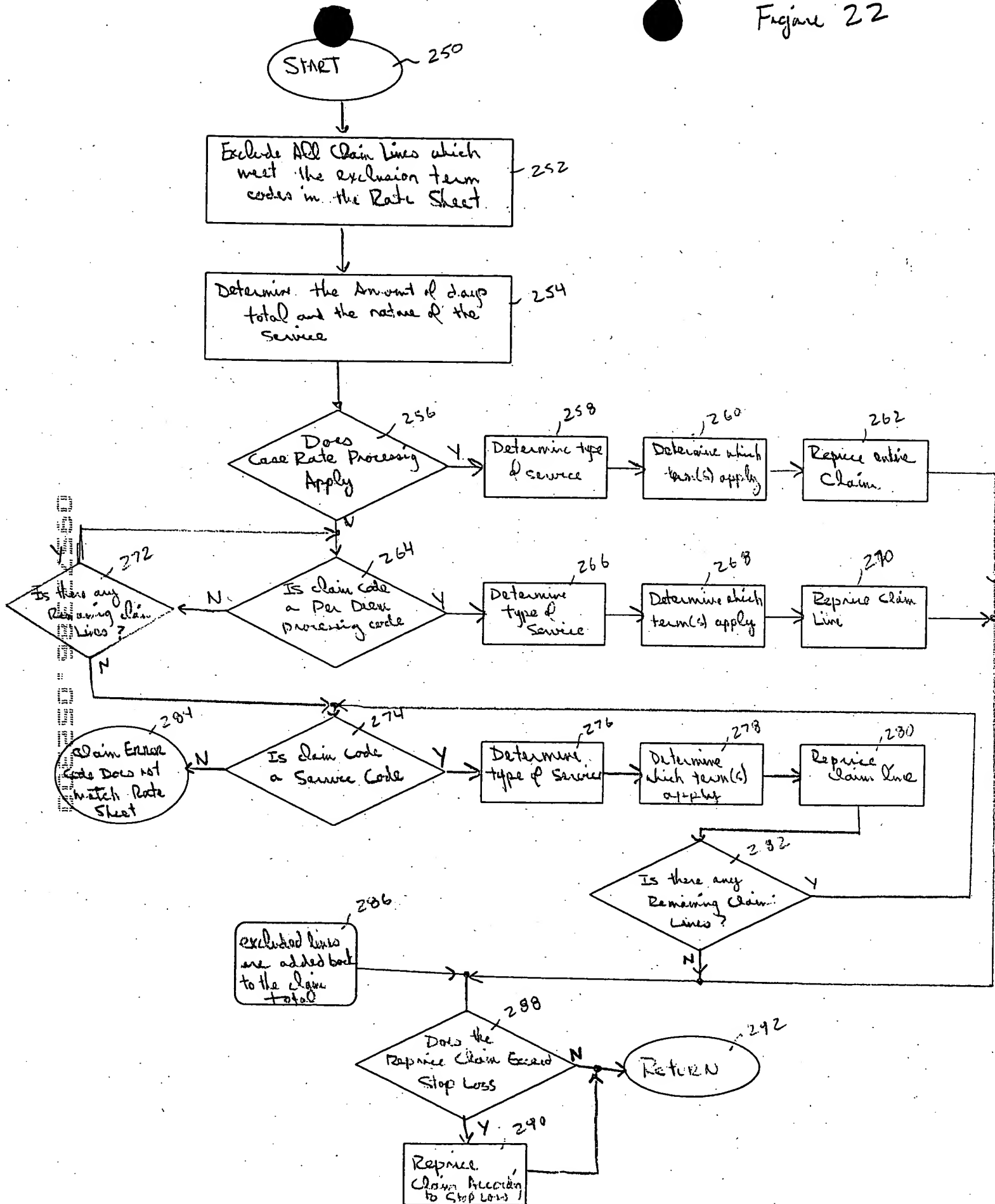
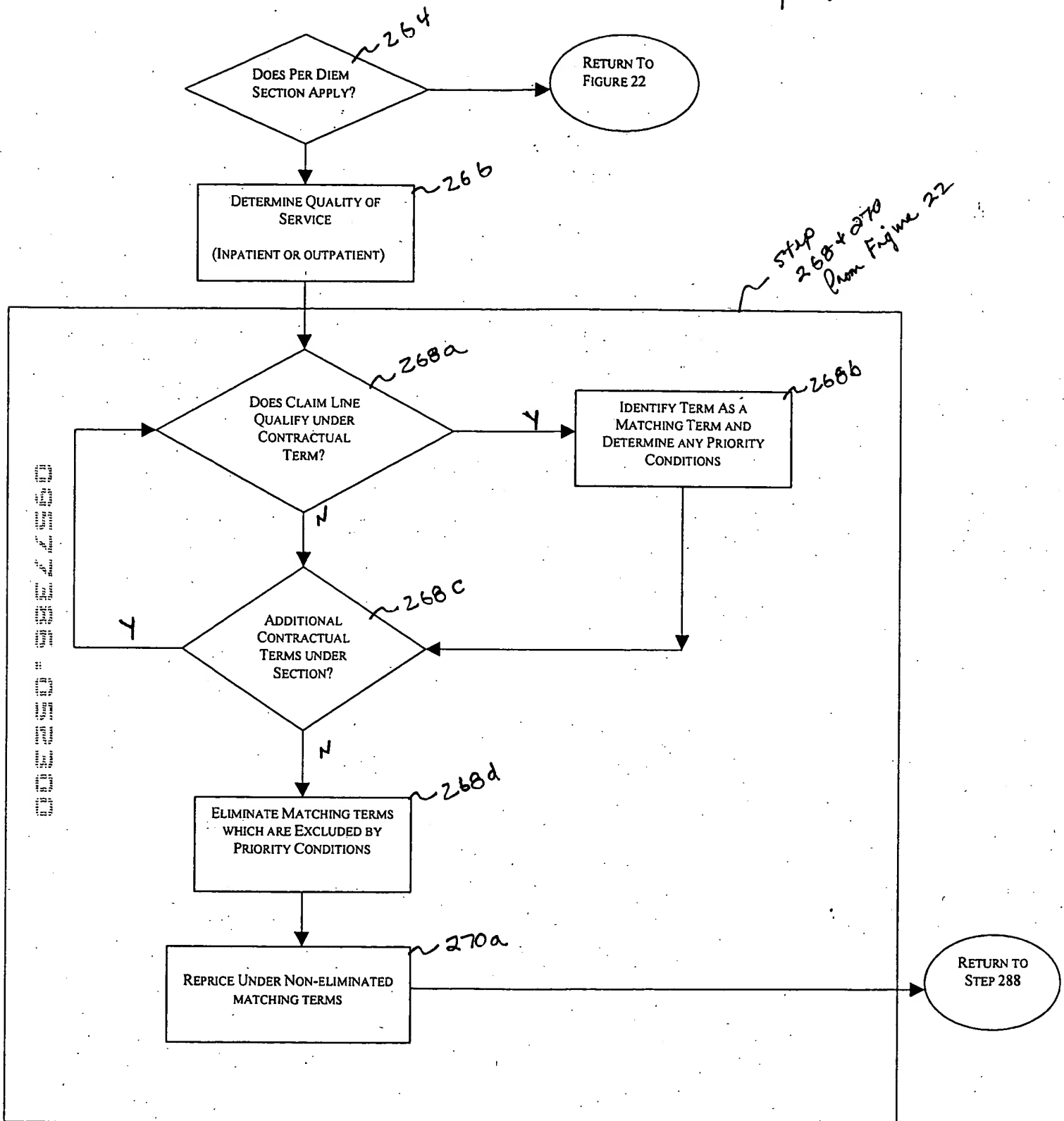


Figure 23



300

Figure 24

Repricing Worksheet						
		Date		03/23/2000		Page
		Worksheet No		100323CWQXVH		
		Processor		DRNALC		
REPRICING WORKSHEET						
Client/Carrier: UNICARE LIFE & HEALTH INSURANCE COM Member				EV SLBYAVGDAILY1		
AUSTIN PAYPOINT (228)				Member ID 15		
POST OFFICE BOX 833933				Patient DEB NELSON		
RICHARDSON, TX 75083				Employer EMPLOYER ADVANTAGE		
				Policy No 130085		
Provider of Service HARDY MEDICAL CENTER				Patient No		
TIN 11-9999999				Diagnosis 114		
Admission Date 01/09/2000				Period: to		
Rev	Description	Units	Charge	Not Repriced	Discount	Network Allowable
120	MEDICAL	4	\$20,000.00	\$0.00	\$17,000.00	\$3,000.00
** Total			\$20,000.00	\$0.00	\$17,000.00	\$3,000.00
THE ABOVE WAS REPRICED USING THE AMERICAN LIFECARE NEGOTIATED PRICING.						

[illegible]

Figure 25b

Manual Claims Entry #266 Point 14400																																					
File Search Help																																					
<div> <div> Outbox Errors Processed All </div> <div> <table border="1"> <thead> <tr> <th>Patient</th> <th>Provider</th> <th>Serv Date</th> <th>Rcvd Date</th> <th>Submt</th> <th>Network No</th> <th>Claim No</th> </tr> </thead> <tbody> <tr> <td>Dave, Example6</td> <td>Dave E. Williams M.D.</td> <td>1999-07-12</td> <td>1999-12-28</td> <td>dem</td> <td>1003220RHJND</td> <td></td> </tr> <tr> <td>slbymaxosmaxdisc4, ev</td> <td>St Michael Health Care Center</td> <td>2000-01-09</td> <td>2000-02-29</td> <td>emalc</td> <td>1003220HW6N0</td> <td></td> </tr> <tr> <td>fresh slmaxosmaxdisc4, ...</td> <td>St Michael Health Care Center</td> <td>2000-01-09</td> <td>2000-03-22</td> <td>emalc</td> <td>1003220C2SLVP</td> <td></td> </tr> </tbody> </table> </div> </div>										Patient	Provider	Serv Date	Rcvd Date	Submt	Network No	Claim No	Dave, Example6	Dave E. Williams M.D.	1999-07-12	1999-12-28	dem	1003220RHJND		slbymaxosmaxdisc4, ev	St Michael Health Care Center	2000-01-09	2000-02-29	emalc	1003220HW6N0		fresh slmaxosmaxdisc4, ...	St Michael Health Care Center	2000-01-09	2000-03-22	emalc	1003220C2SLVP	
Patient	Provider	Serv Date	Rcvd Date	Submt	Network No	Claim No																															
Dave, Example6	Dave E. Williams M.D.	1999-07-12	1999-12-28	dem	1003220RHJND																																
slbymaxosmaxdisc4, ev	St Michael Health Care Center	2000-01-09	2000-02-29	emalc	1003220HW6N0																																
fresh slmaxosmaxdisc4, ...	St Michael Health Care Center	2000-01-09	2000-03-22	emalc	1003220C2SLVP																																
<div> <div>50 Payer</div> <div>51 Provider No</div> <div>52 Rel</div> <div>53 ASG</div> <div>54 Prior Payments</div> <div>55 Est. Amt Due</div> <div>56</div> </div>																																					
<div> <div>57</div> <div>DUE FROM PATIENT</div> </div>																																					
<div> <div>58 Insured's Name</div> <div>First</div> <div>MI</div> <div>59 P. Rel</div> <div>60 Cert</div> <div>SSN</div> <div>HIC</div> <div>ID No</div> <div>61</div> <div>62 Insurance Plan</div> </div>																																					
<div> <div>63 Treatment Authorization Codes</div> <div>64 ESC</div> <div>65 Employer Name</div> <div>66 Street</div> <div>City</div> <div>St</div> <div>Zipcode</div> </div>																																					
<div> <div>67 Port D</div> <div>68 Code</div> <div>69 Code</div> <div>70 Code</div> <div>71 Code</div> <div>72 Code</div> <div>73 Code</div> <div>74 Code</div> <div>75 Code</div> <div>76 Att. Diag</div> <div>77 E-Code</div> </div>																																					
<div> <div>78 PC</div> <div>79 Principal Procedure</div> <div>Date</div> <div>80 Other Procedure</div> <div>Date</div> <div>81 Other Procedure</div> <div>Date</div> <div>82 Attending Phys ID</div> <div>83 Other Phys ID</div> <div>Other Phys ID</div> <div>84 Remarks</div> <div>85 Provider Representative</div> <div>86 Date</div> </div>																																					

320

Figure 26

Repricing Worksheet

Date03/23/2000Worksheet No100323C27XVPProcessorDRNALC

Page

REPRICING WORKSHEET

Client/Carrier: UNICARE LIFE & HEALTH INSURANCE COM
AUSTIN PAYPOINT (228)
POST OFFICE BOX 833933
RICHARDSON, TX 75083

Member EV SLBYAVGDAILY1
Member ID 15
Patient DEB NELSON
Employer EMPLOYER ADVANTAGE
Policy No 130085

Provider of Service HARDY MEDICAL CENTER
TIN 11-9999999
Admission Date 01/09/2000

Patient No
Diagnosis 780
Period: to

Rev	Code	Description	Units	Charge	Not Repriced	Discount	Network Allowable
	120	NORMAL DELIVERY	4	\$20,000.00	\$0.00	\$17,700.00	\$2,300.00
		** Total		\$20,000.00	\$0.00	\$17,700.00	\$2,300.00

THE ABOVE WAS REPRICED USING THE AMERICAN LIFE CARE NEGOTIATED PRICING.

StartInboxFileEditViewPrintHelp

Microsoft

Microsoft Word 2000

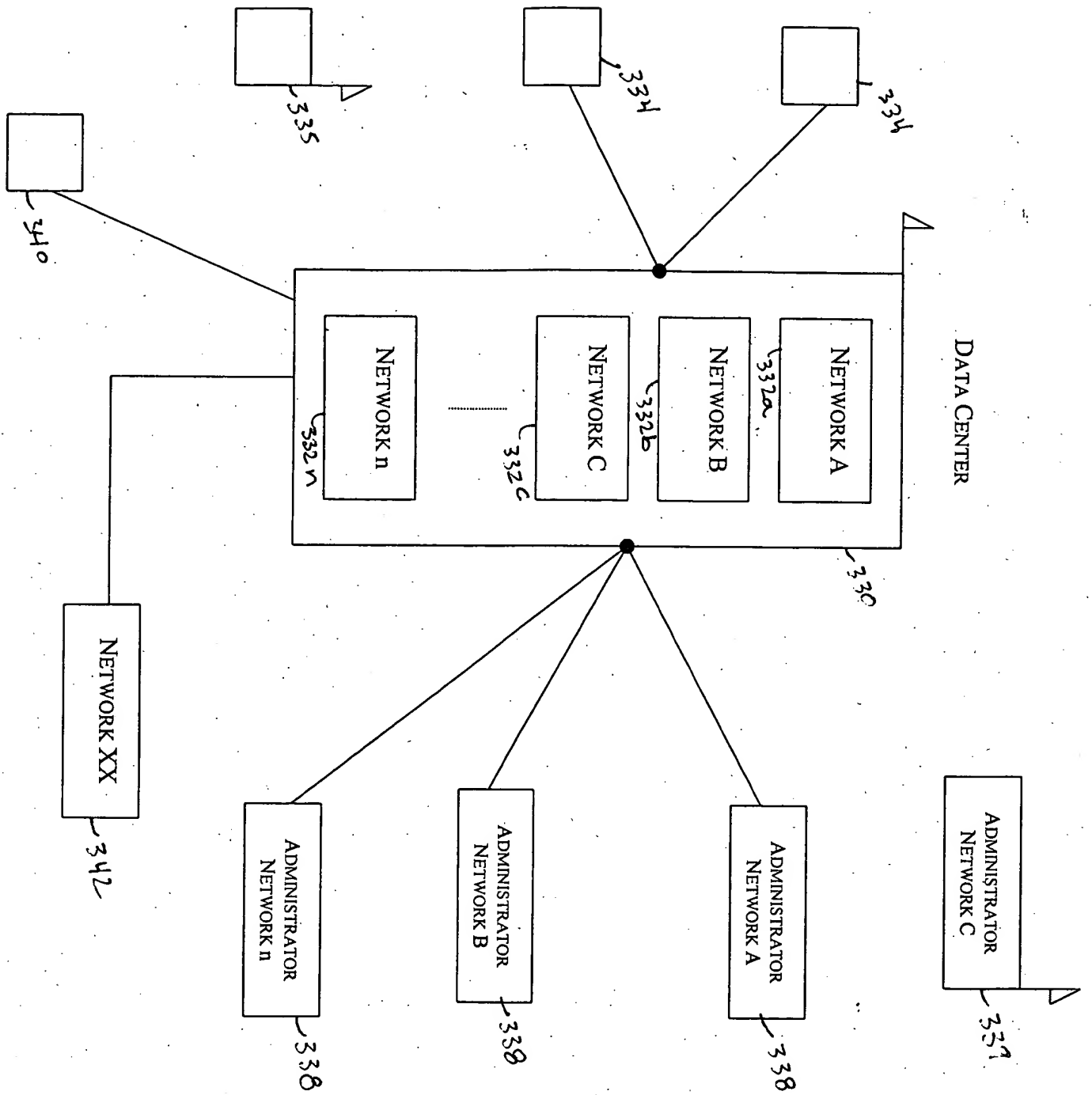


Figure 27

FIG. 27 is a block diagram of a network architecture. The network architecture includes a data center (330) and a network (340). The data center (330) includes a network (332a), a network (332b), a network (332c), and a network (332n). The network (340) is connected to the data center (330) via a network (342). The network (340) is also connected to a network (340) via a network (342). The network (340) is also connected to a network (340) via a network (342).